

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/708,172
		Filing Date	November 7, 2000
		First Named Inventor	Timothy Lee Erickson, et al
		Art Unit	2663
		Examiner Name	Lee, Chi Ho A.
Total Number of Pages in This Submission		Attorney Docket Number	350583.00111

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Petition To Revive; Issue Fee Transmittal Return Postcard
<div style="border: 1px solid black; padding: 5px; width: 100%;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Doyle B. Johnson (Reg. No. 39,240) REED SMITH LLP	
Signature		
Date	June 8, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

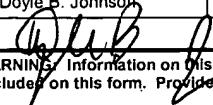
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 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
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TOTAL AMOUNT OF PAYMENT (\$ 2,900)			

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)																																																																																																																																																																																																																				
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 50-2603					3. 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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Doyle B. Johnson	Registration No. Attorney/Agent	39,240	Telephone	(415) 659-5969
Signature					Date June 8, 2006

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